

Registration District No. 175

Primary Registration District No. 5248

Registrar's No. 42

1. PLACE OF DEATH: *Chariton Co.*  
(a) County  
(b) City or town *Rural - Chariton Twp.*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community *All of Life* (Specify whether years, months or days)

3. (a) PRINT FULL NAME *William Heiman*  
(b) If veteran, name, war  
(c) Social Security No.

4. Sex *Male* 5. Color or race *White*  
6. (a) Single, widowed, married, divorced *Widowed*  
(b) Name of husband or wife *Lillie Heiman*  
(c) Age of husband or wife if alive years  
7. Birth date of deceased *Jan 16 1865*  
(Month) (Day) (Year)

8. AGE: Years *76* Months *7* Days *4*  
If less than one day hr. min.

9. Birthplace *Chariton Co. Mo. O.*  
(City, town, or county) (State or foreign country)

10. Usual occupation *Farmer*

11. Industry or business

12. Name *Christ Heiman*  
13. Birthplace *Switzerland*  
(City, town, or county) (State or foreign country)  
14. Maiden name *Eane Moore*  
15. Birthplace *Linn, Co. Mo. O.*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Chas. Heiman*  
(b) Address *Salisbury Mo*

17. (a) *Burial* (b) Date thereof *8-22-41*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Asbury*

18. (a) Signature of funeral director *Geo W. Winkler*

(b) Address *Salisbury Mo*

19. (a) *8/22/41* (b) *W. H. Winkler M.D.*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State *Missouri* (b) County *Chariton*  
(c) City or town *Rural - Chariton Twp.*  
(If outside city or town limits, write "RURAL")  
(d) Street No. *1/2 mi east Shandale*  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? *No* years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month *Aug* day *20*  
year *1941* hour *8 4* minute *30 P.M.*

21. I hereby certify that I attended the deceased from *Aug 18*  
19*41*, to *Aug 20* 19*41*  
that I last saw him alive on *Aug 19* 19*41*  
and that death occurred on the date and hour stated above.

Immediate cause of death *Cerebral apoplexy*

Due to *Arterio Sclerosis*

Due to *Diabetes*

Other conditions *61*  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature *W. H. Winkler M.D.*

Address *Salisbury Mo* Date signed *8/22/41*

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 9-12-41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.